

Mitchell R. Hortert, MSW

About the Presenter



- Mitchell Hortert, MSW
- 10 + years of LGBTQIA+ Advocacy
- WPA Regional Director and Fmr President of PFLAG Pittsburgh
- Co-Coordinator of WPA Reconciling Ministries
- Former Board Chairperson for Proud Haven
- Allegheny County
- Adoptive Parent

Overview of the Modules

- Welcome
- Terminology and Concepts Related to SOGIE
- LGBTQIA+ Youth and Health Disparities
- Assessing Comfort and Readiness to Work with persons who identify as LGBTQIA+
- Let's Talk About SOGIE
- Best Practices for Youth in Placement
- Wrap-Up/Questions

Objectives

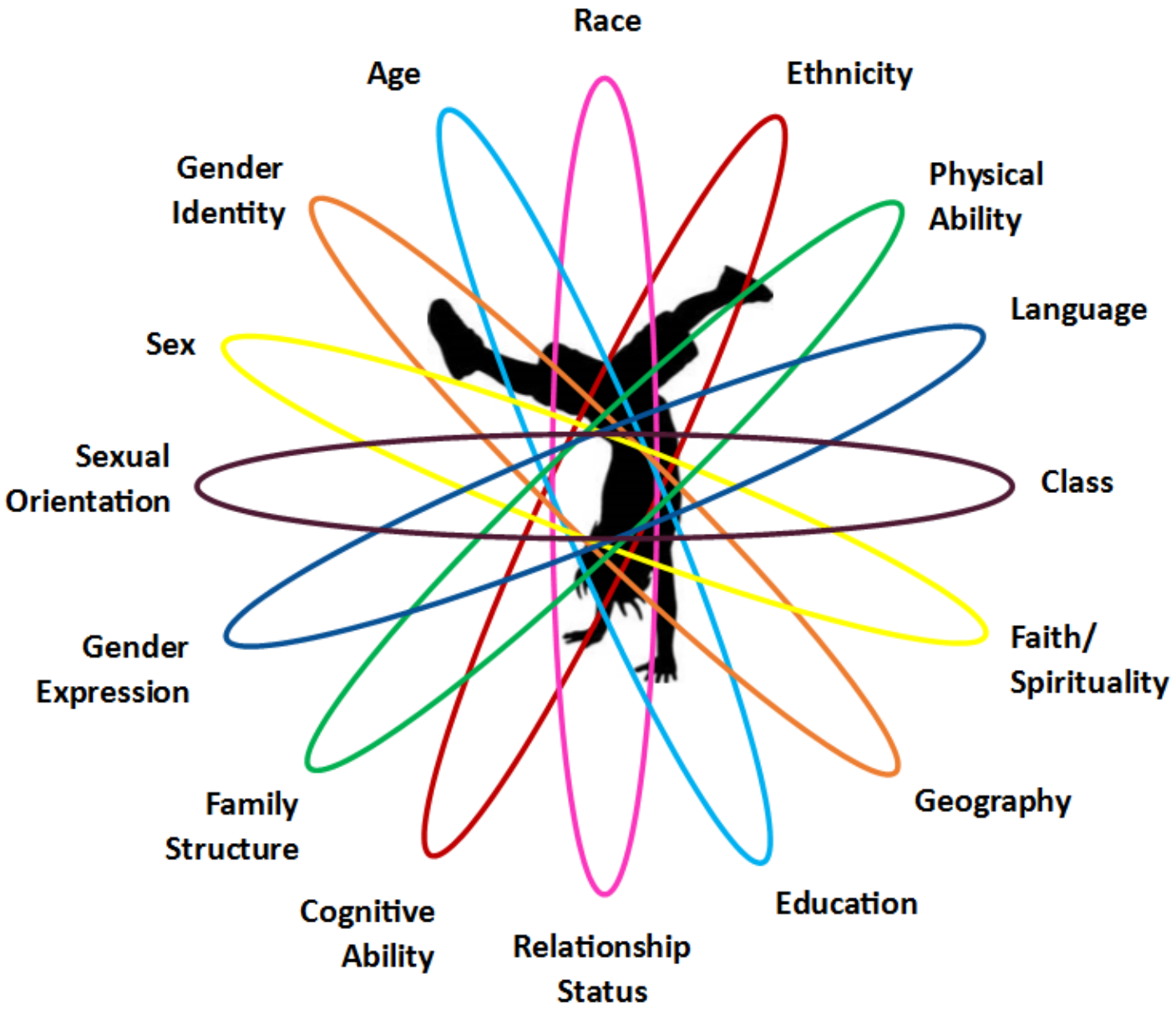
Participants will:

- Be able to identify at least 3 health disparities experienced by LGBTQIA+ youth compared to non-LGBTQIA+ youth, and identify some of the causes
- Learn concepts and the appropriate use of language associated with sexual orientation, gender identity and expression (SOGIE)
- Have an opportunity to practice language that is respectful to LGBTQIA+ individuals
- Identify situations in which SOGIE impacts on our work with youth and families and discuss strategies to address SOGIE-related issues in care
- Enhance their understanding of the DHS Standards of Practice related to sexual orientation, gender identity and expression

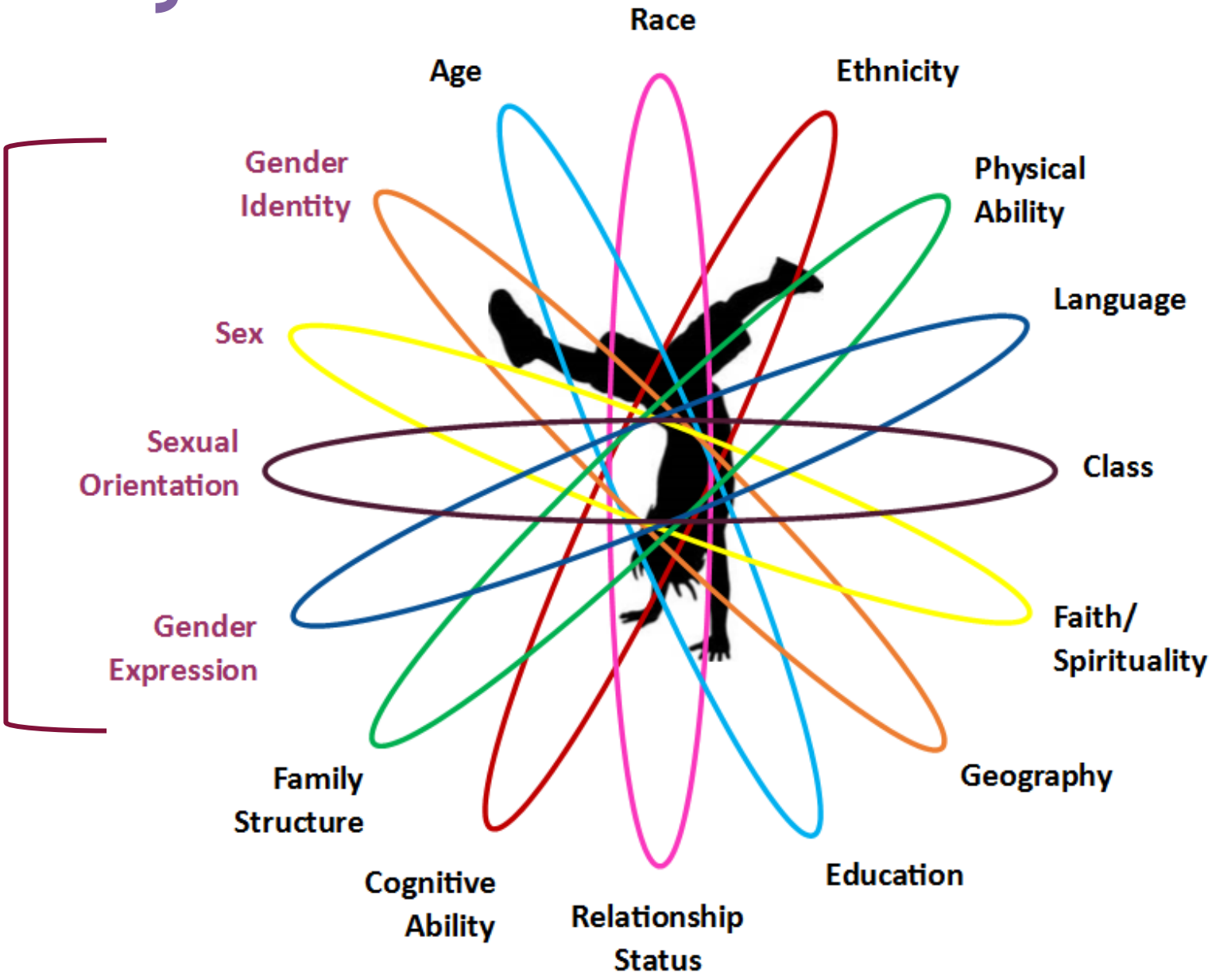
Group Agreements

- Move up, listen up
- Please share your questions!
- We can’t be articulate all the time
- Acknowledge the difference between intent and impact
- Be okay with vulnerability
- Take care of yourself!

Dimensions of Diversity



Today's Focus



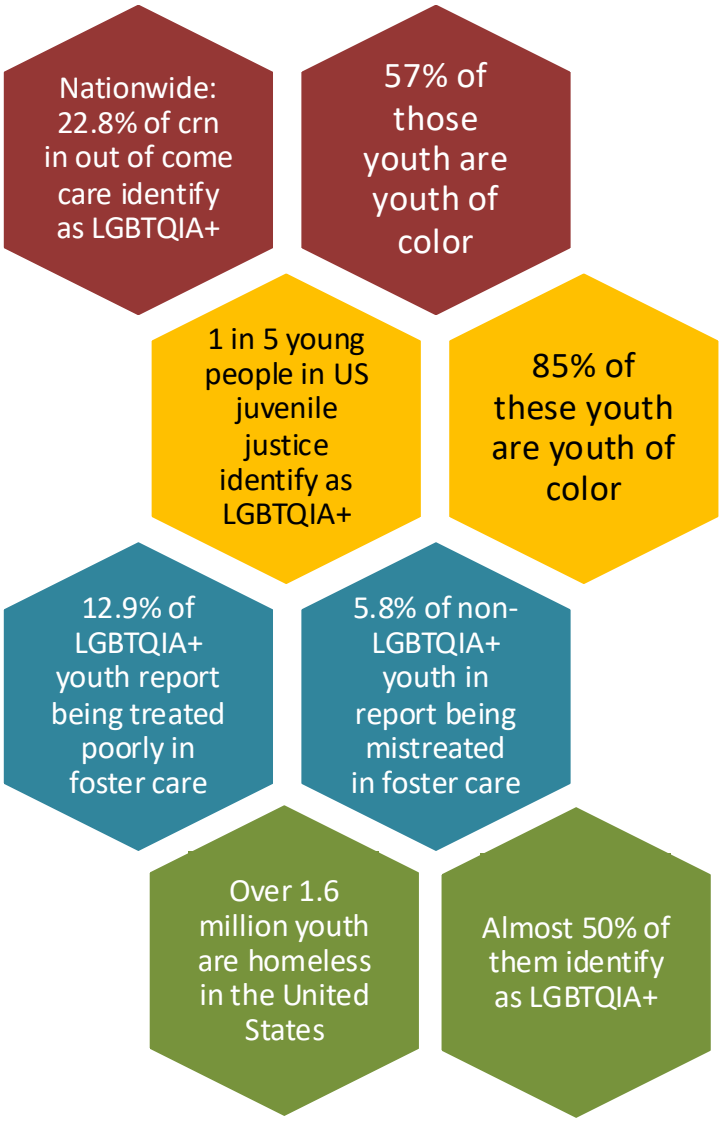
WHY IS THIS IMPORTANT?



Why is this important?

- LGBTQIA+ individuals (and those perceived to be LGBTQIA+) are overrepresented in our systems and are more likely to have poor outcomes compared to non-LGBTQIA+ people.
- Intersecting identities, like race or socioeconomic status, can compound these discrepancies.
- Bias and discriminatory behavior can contribute largely to the negative experiences and disparities of this population.

Why is this Important?



Equally as important…

- Things we need to unlearn:
  - Binaries
  - Gender ≠ Sexuality
  - Expression ≠ Identity
  - Assumptions

Terminology & Related Concepts

What does all of this mean?

Polling Activity

Polling Question #1

Definition: Lesbian

A. A woman who is sexually attracted to women
B. A man who is sexually attracted to men
C. An umbrella term for people who recognize and honor their potential for sexual and emotional attraction to more than one gender.
D. A person who is not interested in or does not desire sexual activity.

Polling Question #2

Definition: Bisexual

A. A woman who is sexually attracted to women
B. A man who is sexually attracted to men
C. An umbrella term for people who recognize and honor their potential for sexual and emotional attraction to more than one gender.
D. A person who is not interested in or does not desire sexual activity.

Polling Question #3

True or False:

Intersex is a general term used for a variety of genetic, hormonal, or anatomical conditions in which a person is born with a reproductive or sexual anatomy that doesn't fit the typical definitions of female or male.

A. TRUE
B. FALSE

Polling Question #4

Definition: Asexual

A. A woman who is sexually attracted to women
B. A man who is sexually attracted to men
C. An umbrella term for people who recognize and honor their potential for sexual and emotional attraction to more than one gender.
D. A person who is not interested in or does not desire sexual activity.

Polling Question #5

Definition: Gay

A. A woman who is sexually attracted to women
B. A man who is sexually attracted to men
C. An umbrella term for people who recognize and honor their potential for sexual and emotional attraction to more than one gender.
D. A person who is not interested in or does not desire sexual activity.

Polling Question #6

True or False:

Pansexual is a person who is attracted to people regardless of gender. Similar identities include "omnisexual" or "fluid."

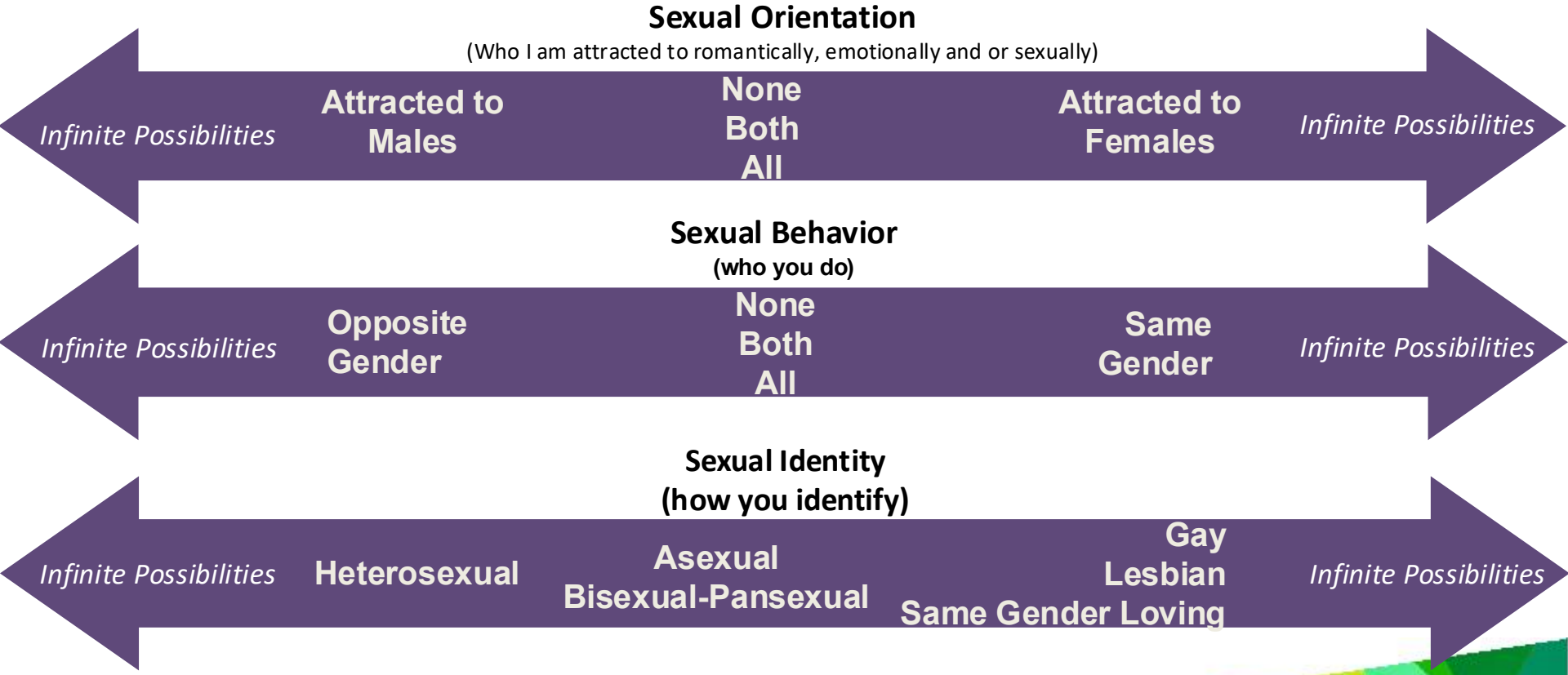
A. TRUE

B. FALSE

Terminology

- Avoid homosexual - use gay, lesbian, bisexual
- Avoid sexual preference it is sexual identity
- Use generic terms for partner, romantic interest
- Use language the person gives you
- Consider person's developmental stage in choosing language

Sexual Orientation Spectrums



Coming Out

- COMING OUT" is the process by which someone...
  - Accepts and identifies with their gender identity and/or sexual orientation; and
  - Shares their identity willingly with others.
- Sometimes We talk about coming out as if it were a one time thing.
  - BUT for most folks coming out is a series of decisions
  - Sometimes daily – that LGBTQIA+ people navigate in every new setting they enter
- People may be 'out' in some places, but not in others
  - A decision to come out to a person or group is one of safety, comfort, trust, & readiness.
  - Family to Friends to Classmates/Coworkers to Religious Community

Clinical Concerns

- Internalized homophobia
- Low self-esteem
- Loneliness
- Anxiety and depression
- Suicide ideation

Developmental Models

- Progression not necessarily linear
- Person may skip or revisit stages
- Pace varies among individuals
- Person may foreclose development at any point

The Danger of Coming Out

- It’s dangerous, unhealthy, and unhelpful to force someone to come out, or to “out”someone else (i.e., disclosing someone’s gender identity or sexual orientation to others without the person’s consent), regardless of your intentions (sometimes people think they’re being helpful, or acting on the person’s behalf to conquer their fears)

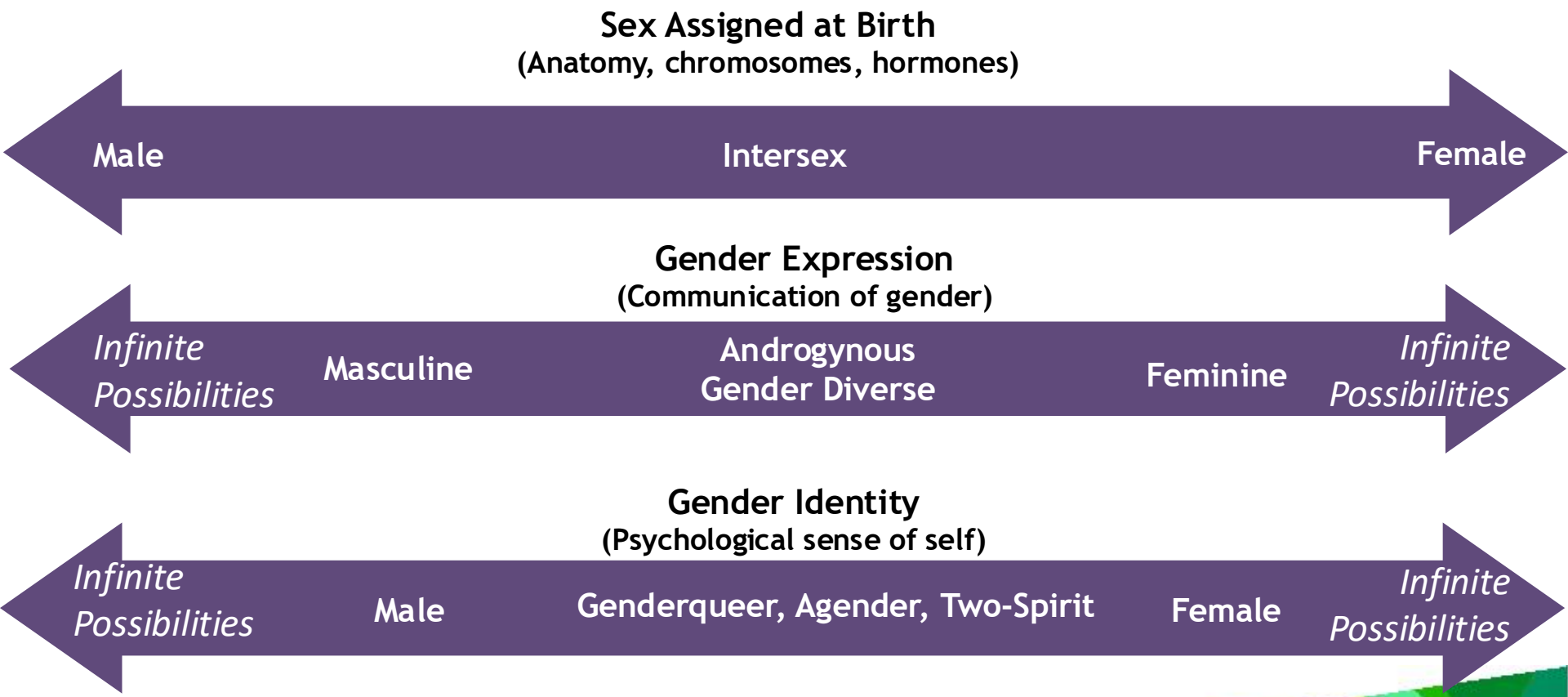
Sexual Orientation

- Overall levels of psychological adjustment
- Ability to form and maintain ongoing intimate relationships
- Ability to be good parents
- Ability to function competently in the workplace
- Sexual orientation is not a choice
- Research suggests that it is probably in place very early in the life cycle, probably before birth

Changing Sexual Orientation

- The research on homosexuality is very clear. Homosexuality is neither a mental illness nor moral depravity.
- American Psychological Association, Statement on Sexual Orientation (1994)
  - Research findings suggest that efforts to change a LGB sexual orientation are nothing more than prejudice hidden in psychological accouterments.

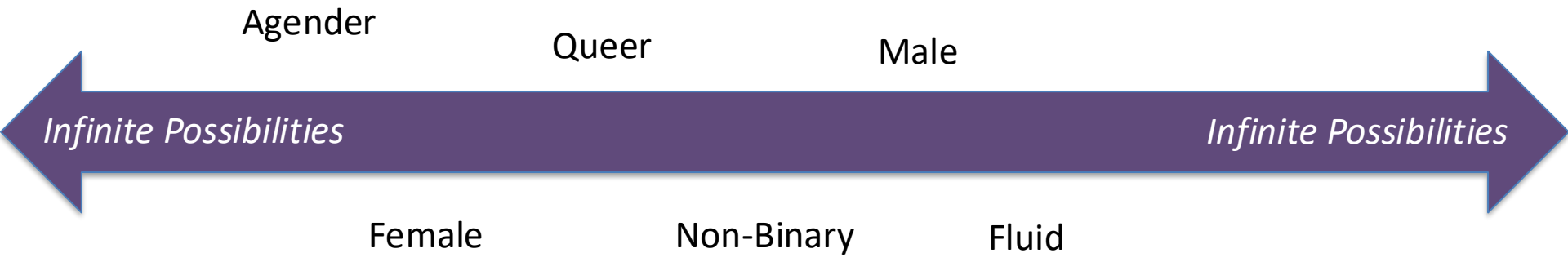
Gender Continuums



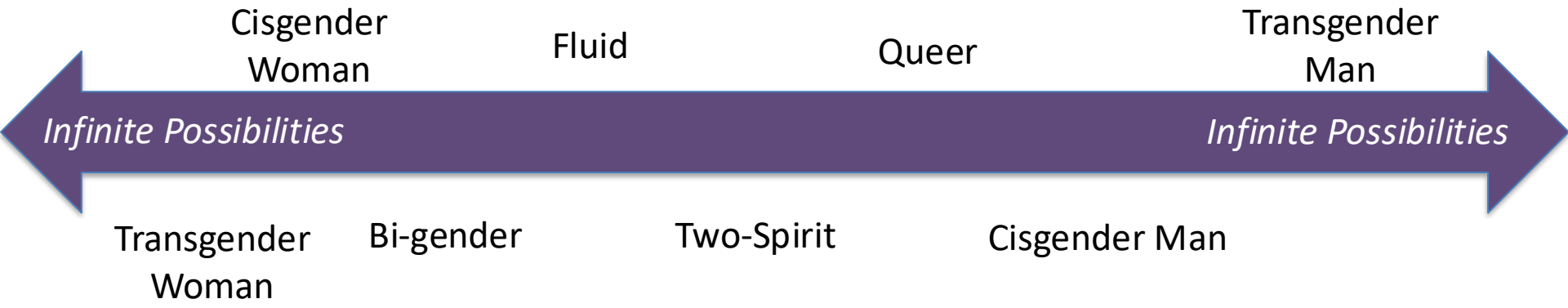
Spectrums:
Sex Assigned at Birth



Spectrums:
Gender Expression



Spectrums: Gender Identity



Transgender Woman

Bi-gender

Two-Spirit

Cisgender Man

Challenges of Being Transgender

- Transphobia (lack of understanding/education)
- Societal rigidity of gender roles
- Lack of support from family/medical field
- High prevalence of victimization
- High level of homelessness
- Lack of access to facilities
  (ie. Bathroom, residence hall room)
- Lack of role models

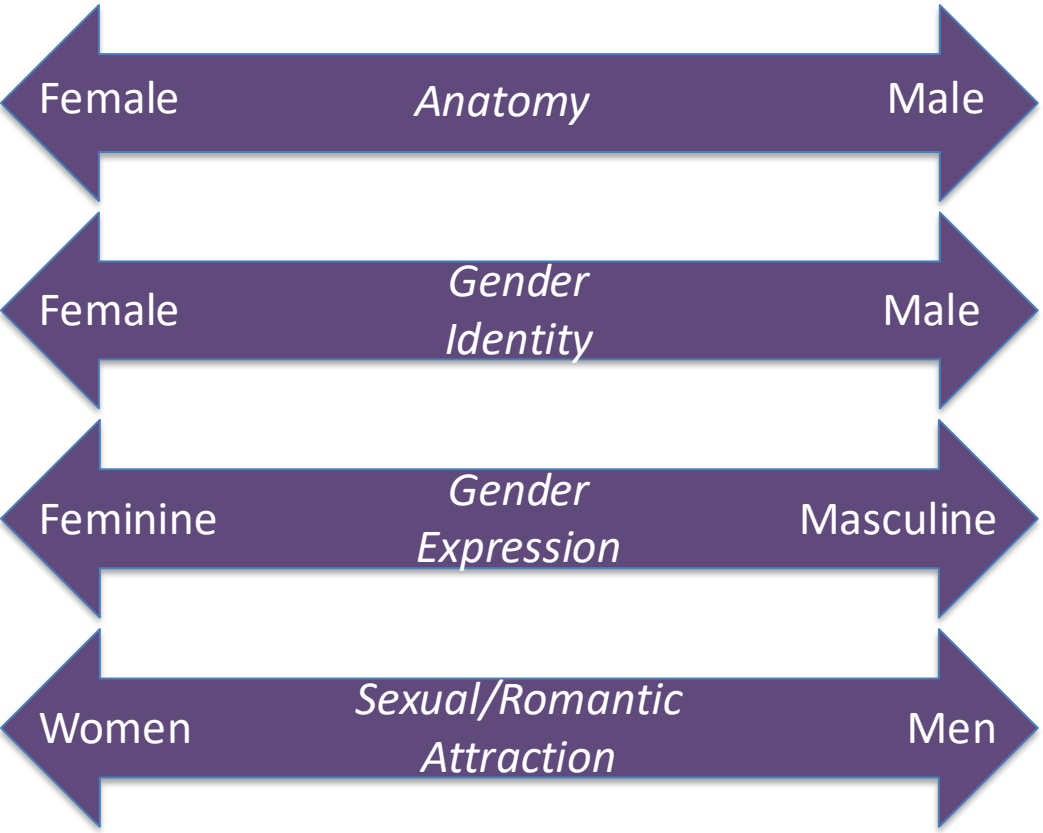
Millennials and Generation Z

- More likely to identify as genderqueer or pansexual avoiding the binary gender identity
  - Gender Diverse or Expansive
    - A wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system
      - AKA- Gender non-conforming, gender fluid, gender queer, etc.

Millennials and Generation Z

- Less likely to be on Hormone Replacement Therapy (HRT) due to accessibly & affordability
- Less interested in gender confirmation surgeries
- More likely to meet people and develop support groups online

Spectrums



Physical

A Sense of Self

Behavior, Mannerisms, Appearance

Makes Your Heart Flutter

15 Minute Break

Assumptions

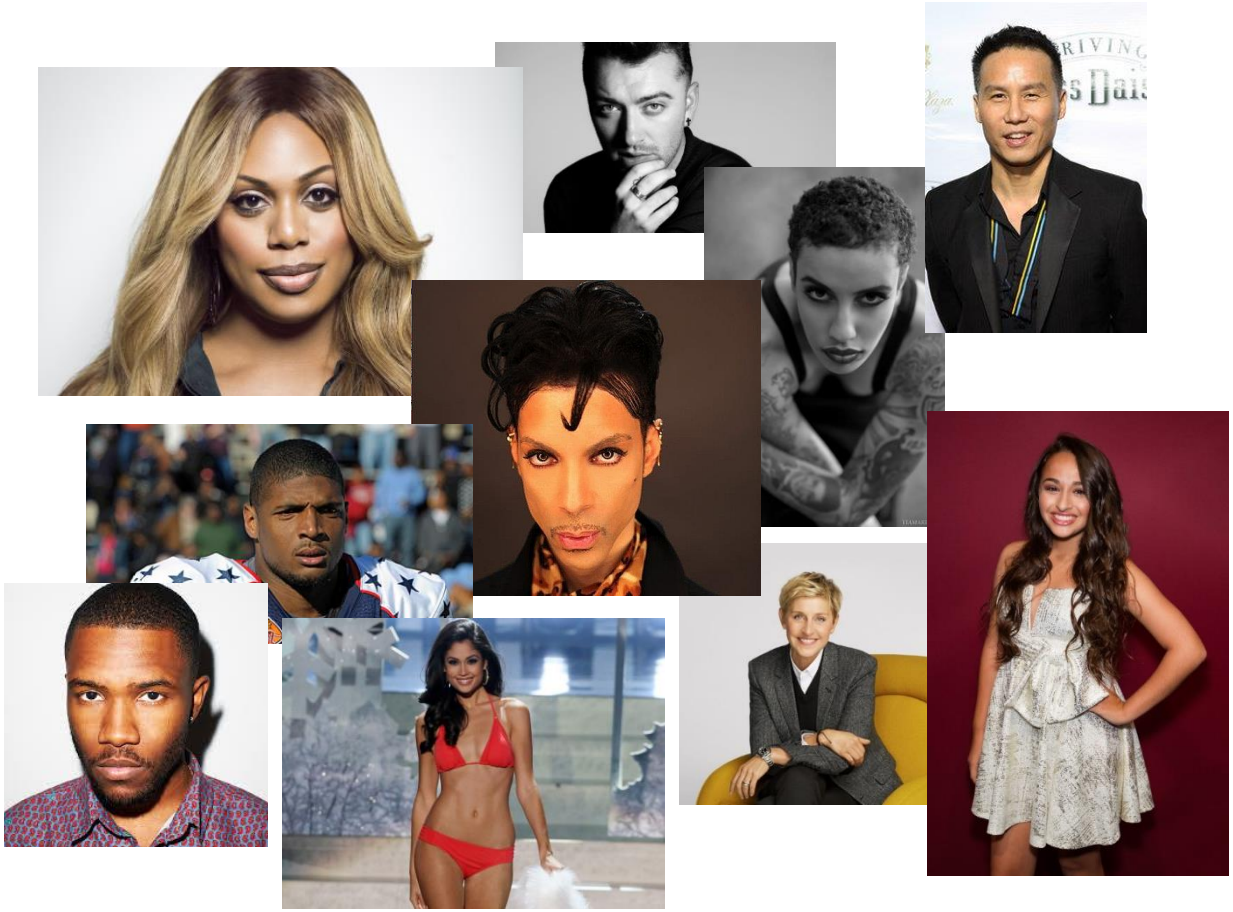
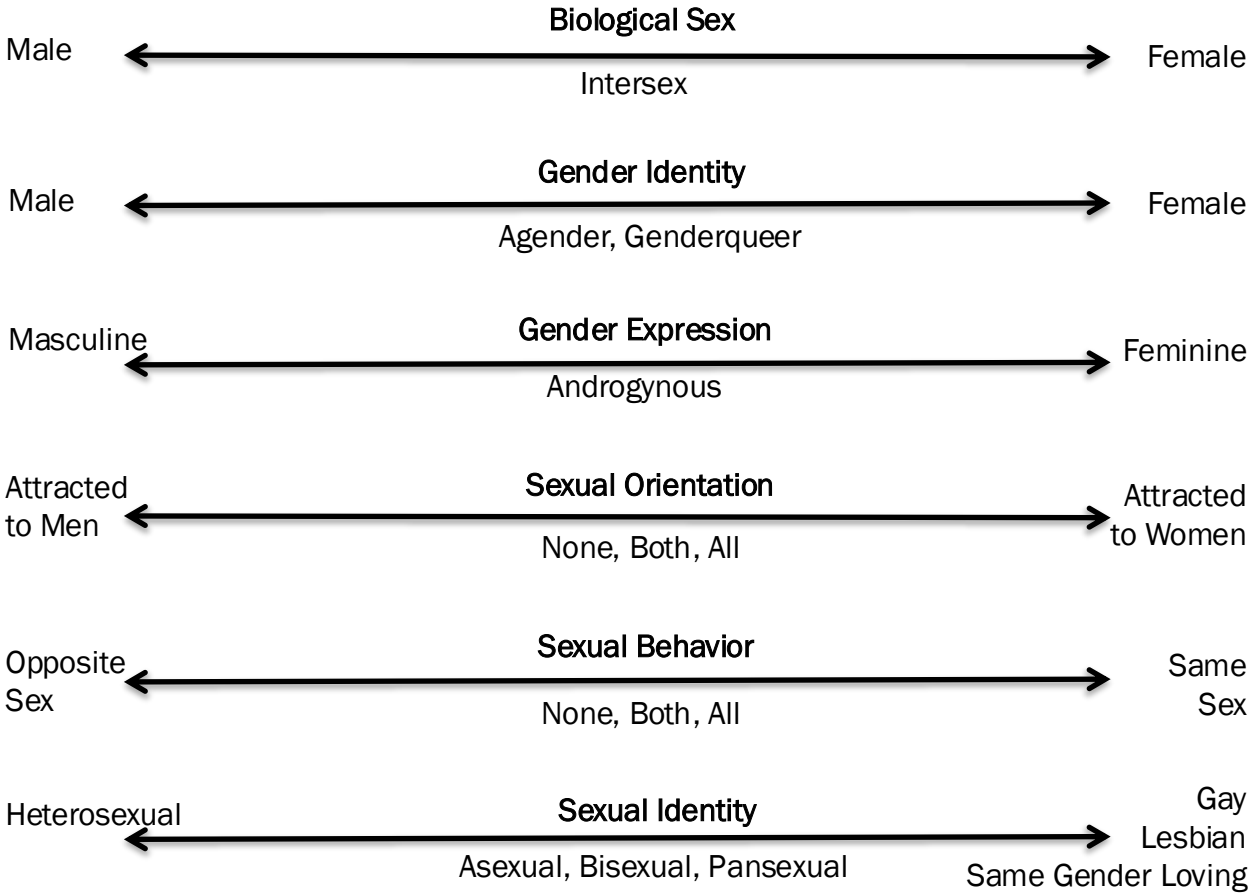
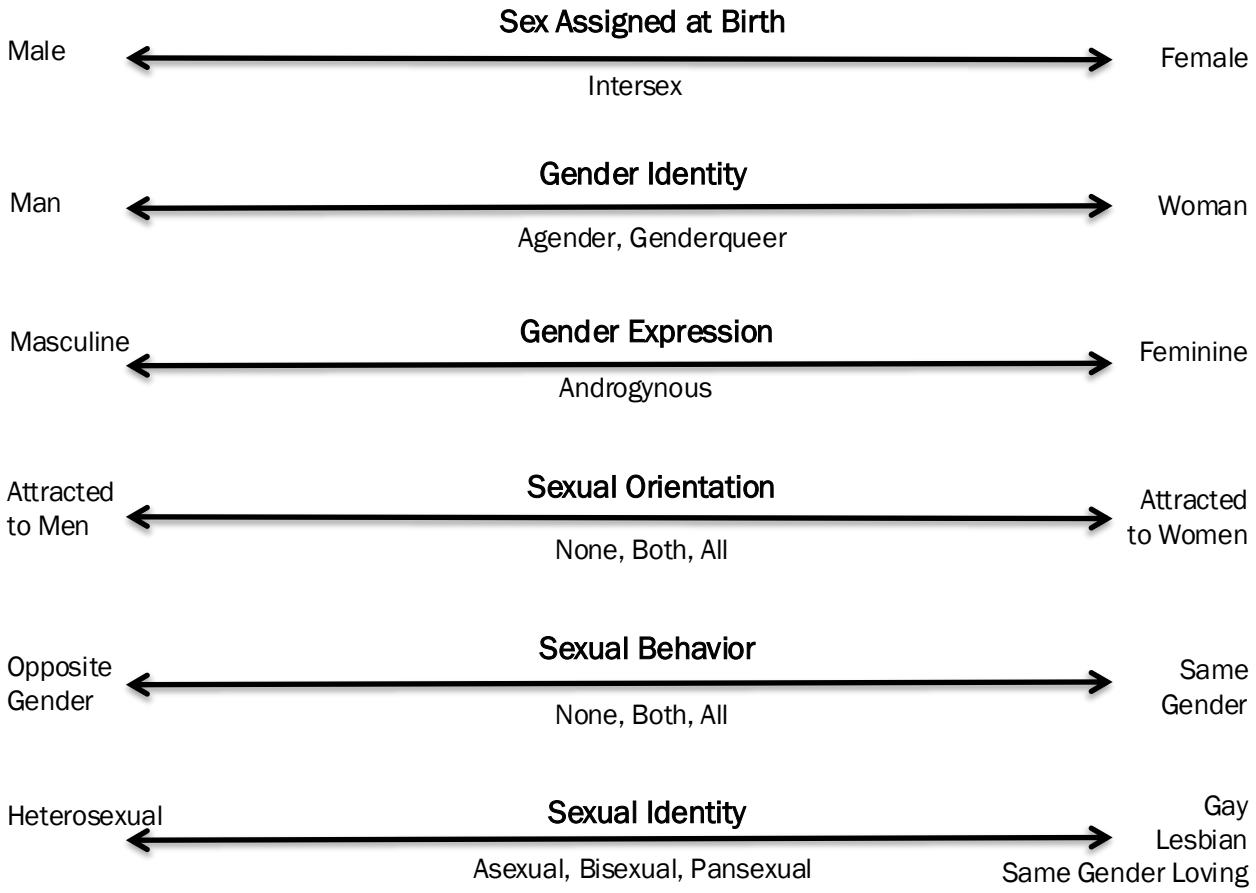


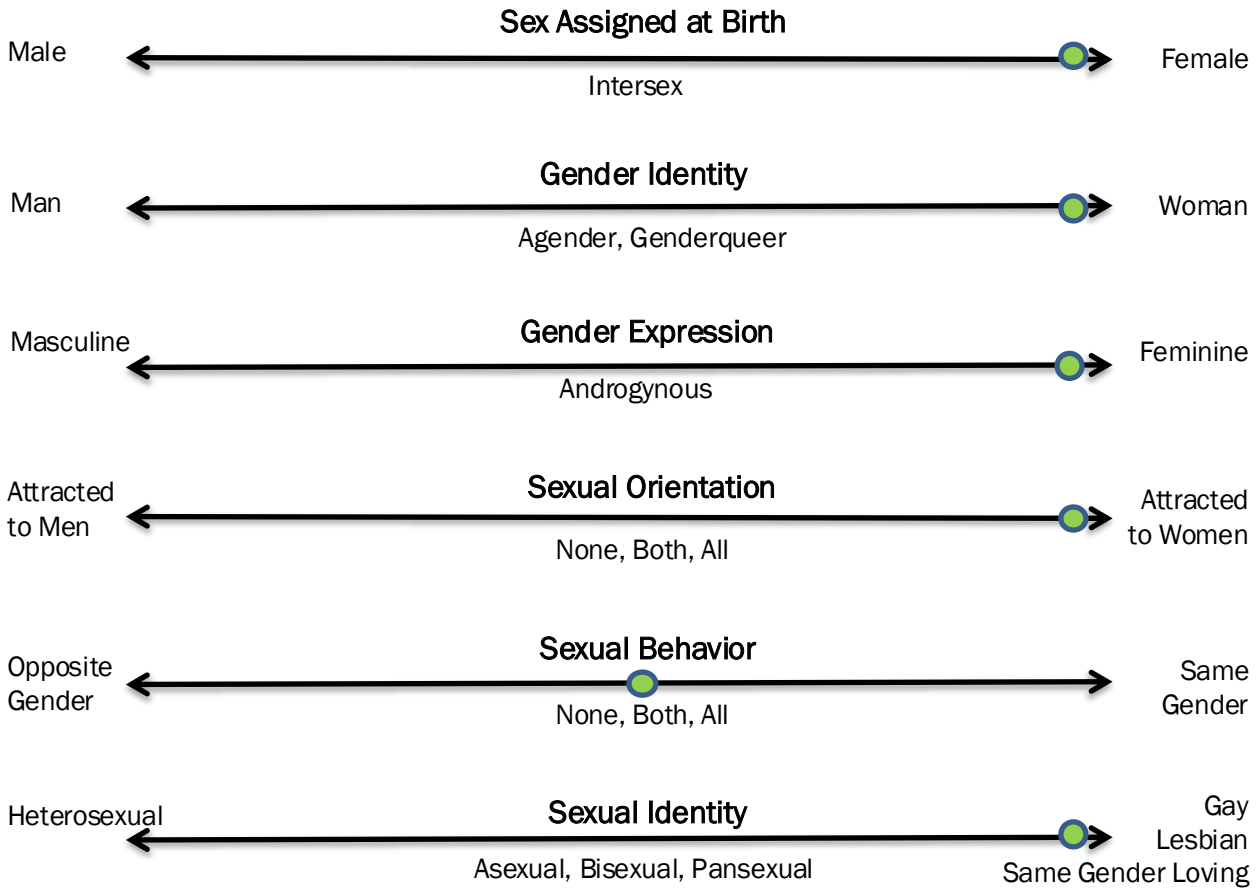
Chart Yourself



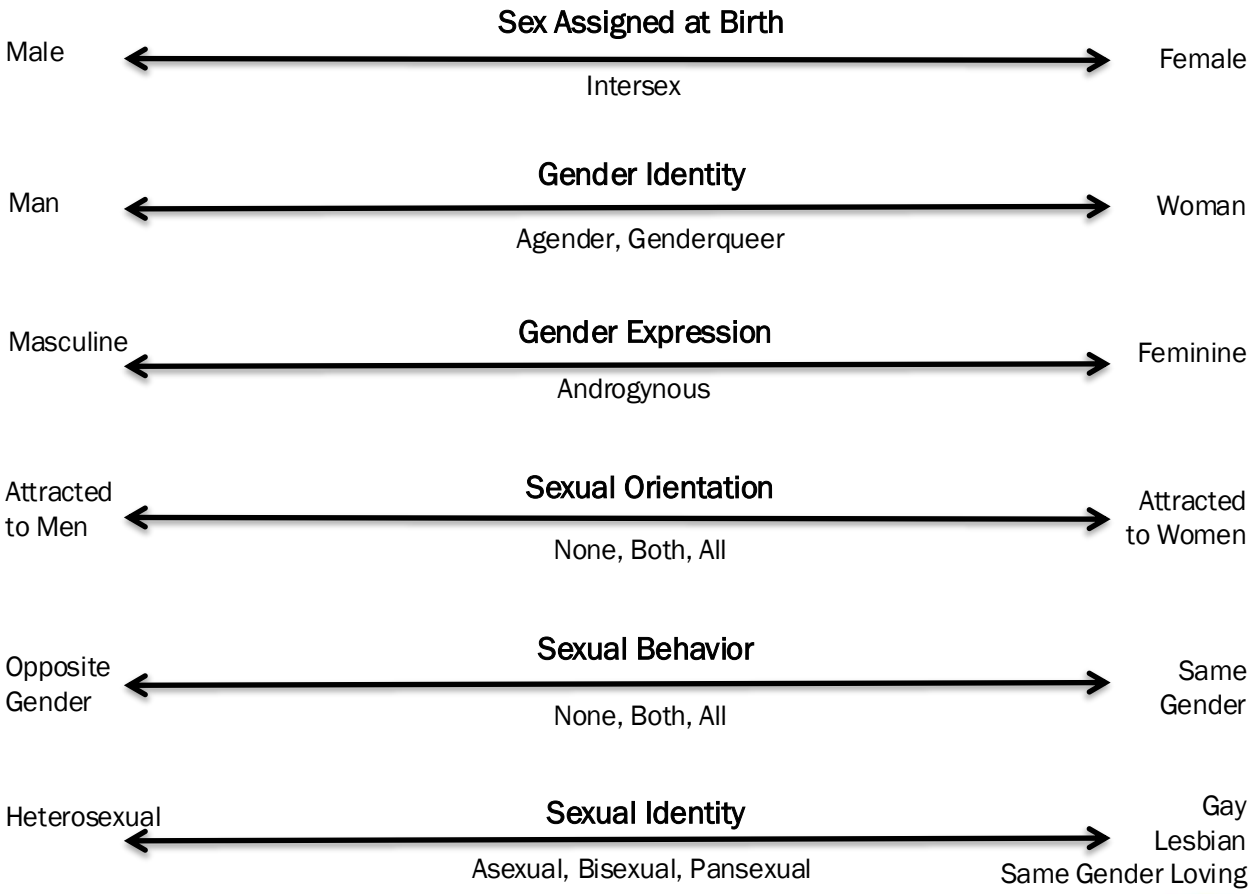
Frankie: Frankie was born female and identifies as a woman. She is currently 17 years old, identifies as a lesbian and is 6 months pregnant. She presents femininely and is sexually and romantically attracted to women.



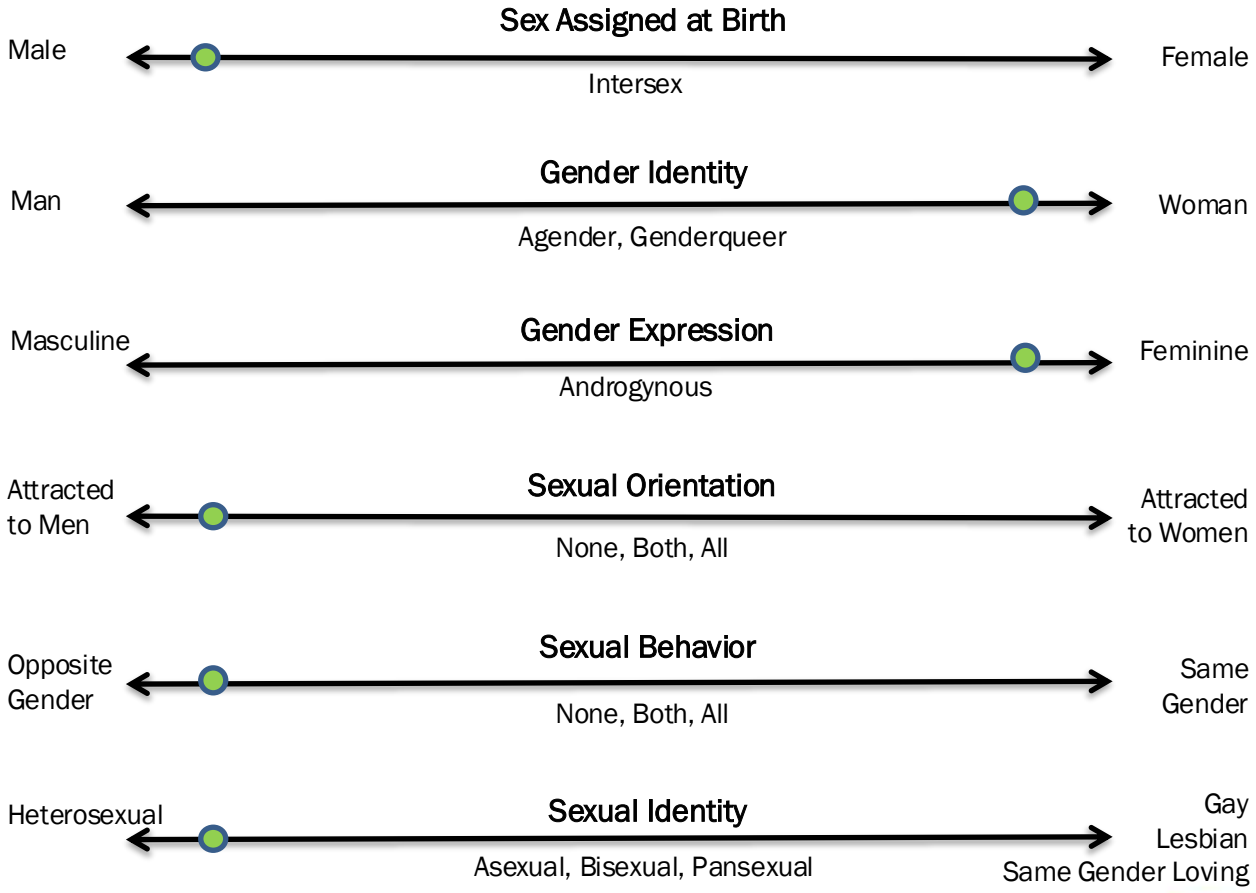
Frankie: Frankie was born female and identifies as a woman. She is currently 17 years old, identifies as a lesbian and is 6 months pregnant. She presents femininely and is sexually and romantically attracted to women.



Terri: Terri was assigned male at birth and now identifies as a heterosexual transwoman who presents femininely and is attracted to and sometimes sleeps with men.



Terri: Terri was assigned male at birth and now identifies as a heterosexual transwoman who presents femininely and is attracted to and sometimes sleeps with men.



Key Points

- Gender ≠ Sexuality and Expression ≠ Identity
- Respect self-identification
- Words have meaning
- Assumptions can be harmful
- Binaries aren’t cutting it
- Everyone has a SOGIE

Module #1 Conclusion:

- Sexual Orientation and Gender Identity/Expression are two specific parts to a person's own identity
- How people describe themselves is important
- Vocabulary is important for showing respect and gaining trust
- Rigid binary constructs common in our culture lead to discrimination
- We have all been taught to think in the binary so we need to practice being more flexible in our understanding of sexual orientation (SO) and gender identity and expression (GIE)

Module #2

Knowledge:

Oppression and Health Disparities

The Ecological Model



What are health disparities anyway?

When research indicates that one group is **overrepresented** within a category of health conditions or risk for that category/condition **compared to the rest of the population**.

Health Disparities: An Overview

- According to the National Institute on Minority Health and Health Disparities, Health disparities refer to “differences in the health status of different groups of people. Some groups of people have higher rates of certain diseases, and more deaths and suffering from them, compared to others.” These groups may include, but are not limited to the following:
  - Race
  - Ethnicity
  - Immigrant status
  - Disability
  - Gender identity/experssion
  - Sexual orientation
  - Geography
  - Income

Factors Related to Oppression

- Homophobia & Heterosexism
- Misconceptions about lesbians & gay men
  -one chooses to be gay
  -promiscuous
  -unnatural – “it” is a sin
  -They’ll turn their kids “gay”
- Anti-Gay Groups
  -Religious conservative groups
  -Family Research Council – Terry Perkins
  -American Family Association – Bryan Fischer
  -Focus on Family
  -Fred Phelps (www.godhatesfags.com)
  -Ex-gay Movement

Context of Discrimination

Societal Constructs/Norms	• Gendered Roles • Gendered Clothing/Toys
Responses from Others	• Emotional/Physical Abuse • Institutional Discrimination
Internalization	• Rejection of Self • Self-Harm



Context of Discrimination

Gender

- Bi-Genderism
- Transphobia
- Internalized Transphobia

Sexual Orientation

- Heterosexism
- Homophobia
- Biphobia
- Internalized Homophobia

Greatest Health Disparities for LGBTQIA+ persons

- Family Rejection
- Suicide
- Alcohol and Substance Abuse Issues
- Sexual Health
- Bullying / Victimization
- Homelessness / Exploitation

Lunch Break- 30min

By the numbers: health disparities

LGBTQIA+ individuals have a higher risk for heart disease, cancers, HIV/AIDS, and many other illnesses.

Almost half of Black respondents to the National Transgender Discrimination Survey reported having attempted suicide, compared to 41% of all study respondents and 1.6% of the general U.S. population.

Many studies show that sexual orientation was associated with higher levels of emotional stress and other types of mental health, which leads to high rates of suicidal ideation, attempts, and completions.

MSM are 44 times more likely to contract HIV than other men.

LGB youth and adults are significantly more likely to abuse drugs and alcohol.



Family Rejection, Physical and Emotional Abuse

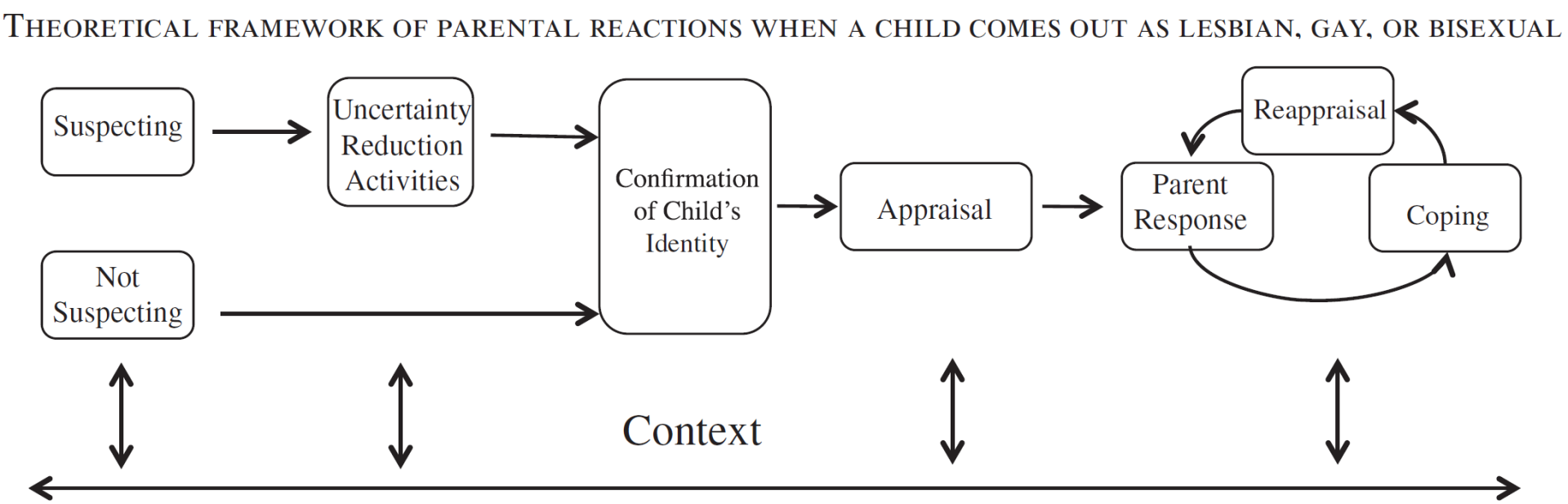
National statistics:

- 26% of LGBTQIA+ youth in care are rejected by their family and forced to leave their homes after coming out
- LGBTQIA+ youth are 3 times more likely to report childhood sexual abuse
- LGBTQIA+ youth are 1.3 times more likely to report parental physical abuse

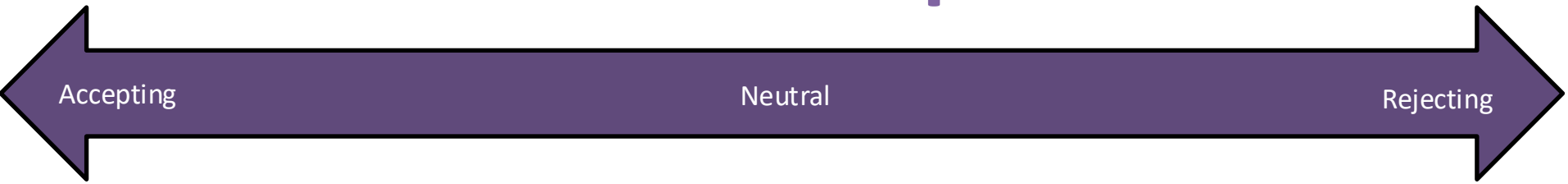
Health Disparities & Oppression: Family Rejection

- LGB young adults who reported higher levels of family rejection during adolescence were:
  - 8.4 times more likely to report having attempted suicide
  - 5.9 times more likely to report high levels of depression
  - 3.4 times more likely to use illegal drugs
  - 3.4 times more likely to report having engaged in unprotected sexual intercourse, compared with peers from families that reported no or low levels of family rejection.

Health Disparities & Oppression: Family Rejection



Parental Acceptance



Accepting Behaviors

- Talk with your child or foster child about their LGBTQIA+ identity.
- Express affection when your child tells you or when you learn that your child is LGBTQIA+.
- Support your child's LGBTQIA+ identity even though you may feel uncomfortable.
- Advocate for your child when he or she is mistreated because of their LGBT identity.
- Require that other family members respect your LGBT child.
- Welcome your child's LGBTQIA+ friends & partner to your home and to family events and activities. • Support your child's gender expression.

Rejecting Behaviors

- Hitting, slapping or physically hurting, verbal harassment or name-calling your child because of their LGBTQIA+ identity
- Excluding LGBTQIA+ youth from family events and family activities
- Blocking access to LGBTQIA+ friends, events, and resources
- Blaming your child when they are discriminated against because of their LGBTQIA+ identity
- Making your child keep their LGBTQIA+ identity a secret in the family and not letting them talk about their identity with others

Health Disparities & Oppression: Suicide

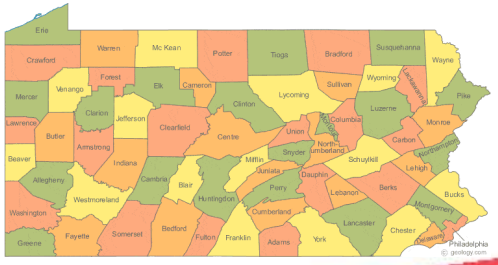
- Persons who identify as LGBTQIA+ have higher rates of suicidal ideation and suicide attempts.
- While more research is needed, rates of depression in later adulthood appear to be high for LGB individuals and may be even higher for transgendered individuals.
- In a national study, 40% of transgender adults reported having made a suicide attempt. 92% of these individuals reported having attempted suicide before the age of 25.
- Each episode of LGBTQIA+ victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average.

Health Disparities & Oppression: Conversion Therapy

Eleven (11) Municipalities have passed ordinances banning Conversion Therapy:

- Allentown (July 2017)
- Bellefonte (July 2018)
- Bethlehem (July 2018)
- Doylestown (Dec 2017)
- Harrisburg (Dec 2018)
- Newton Twp. (Nov 2018)

- Philadelphia (July 2017)
- Pittsburgh (Dec. 2016)
- Reading (Dec 2017)
- State College (Feb 2018)
- Yardley Borough (Feb 2018)



Health Disparities & Oppression: D/A Abuse Issues

- Youth who experienced a moderate level of family rejection were 1.5 times more likely to use illegal substances than those who experienced little to no rejection
- Youth experiencing high levels of family rejection were 3.5 times more likely to use these substances.
- Youth who have run away from home have higher rates of alcohol and illicit drug use.
- Transgender persons have high rates of tobacco use (45-74%)

Health Disparities & Oppression: Sexual Health

- Men who have sex with men and are under the age of 25, especially those from a racial or ethnic minority group, account for a disproportion number of HIV diagnoses which continues into adulthood
- Services designed to prevent future illness, such as annual wellness exams for woman and mammograms, are utilized less frequently by lesbians and bisexual women compared to heterosexual women.
- Across adulthood and later adulthood, rates of human papillomavirus (HPV), which has been linked to anal cancer, is higher among men who have sex with men than men who have sex with women.

Health Disparities & Oppression: Physical Health

- Compared to heterosexual women, lesbians and bisexual women are at greater risk for becoming obese. This, coupled with other risk factors such as increased alcohol use and smoking, may contribute to higher rates of breast cancer in these groups.
- Often decline health care or don't seek regular appointments
  - Lack of respect, fear of discrimination
  - Transgender patients face unique challenges

Health Disparities & Oppression: Bullying & Victimization

- Risk factors, such as harassment, victimization, and violence, for mental health problems and substance use are higher for LGBTQIA+ youth compared to their heterosexual peers.
- Compared to heterosexual women, bisexual women are more likely to experience rape, physical violence, and stalking in their lifetime. Additionally, both lesbian and bisexual women are more likely to experience psychological aggression than heterosexual women.
- 65% of teens reported being verbally or physically harassed b/c of their perceived or actual appearance
- 90% of LGBT students report being verbally or physically harassed b/c of their perceived or actual appearance
- LGBTQIA+ students are three times as likely as non-LGBTQIA+ students to feel not safe at school (22% vs. 7%)
- 53% of teachers report that bullying and harassment of students is a serious problem at their school

By the numbers: homelessness

1 in 5 transgender people in the U.S. have been refused a home or apartment, and more than 1 in 10 have been evicted, because of their gender identity.

Up to 50% of homeless youth identify as LGBTQIA+.

Among the homeless youth who identified as gay, 44% were black and 26% were Hispanic. Transgender homeless youth were even more likely to be people of color. 62% were black, and 20% were Hispanic.

1 in 5 transgender people report having been turned away from shelter due to their gender identity status.

Health Disparities & Oppression: Societal Homophobia

- LGBTQIA+ victims face situations that aren't experienced by heterosexuals.
  - Coercive tactics
    - Outing
    - Reveal health status
    - Custody
    - Gay culture
  - Reluctance to seek services
  - Limited support

Domestic Violence & Sexual Assault

How Gay Men Cope

- "I can handle it" attitude
- "Men don't tell"
- Hiding from it

How Lesbians Cope

- "I can handle it" attitude
- "Women don't do this…it must be me"
- Hiding from it

Why Gay Men Stay

- Fear of Failure
  -Need to "Be a Man"
- Protecting Others
- Fear of Outing
- Few Resources

Why Lesbians Stay

- Fear of Economic & Material Loss
- Protecting Others
- Fear of Outing
- Fewer Resources

15 Minute Break

Why Is This Happening?

- Its NOT because they are LGBTQIA+
- Reactions are important- how we respond sets the stage for ongoing experiences
- Societal Constructs of Gender Identity, Gender Expression, Sexual Orientation play a role
- Language



Discrimination and Stigma create an environment that creates and perpetuates health disparities

- Unsafe school and work environments
- Family rejection
- Lack of access to affirming health care
- Lack of social support
- Lack of adult support / advocacy
- Lack of positive and affirming role models
- Mixed or negative messages about LGBTQIA+ status (media)

Module #3

Action: Preparing

Perception

- The perception of how welcoming and affirming an environment is may vary widely depending on whether or not an individual identifies as LGBTQIA+.

Assessing Readiness

- Recognizing your own biases is an important first step in becoming an ally.
- Based on your responses to these questions, do you think you have internalized some of the anti-LGBTQIA+ messages pervasive in our world?
- How might your beliefs influence your actions as an educator of LGBTQIA+ students?
- The more aware we are of our own biases and their impact on our behavior, the easier it is to ensure that our personal beliefs don't undermine our efforts to support LGBTQIA+ students.

Assessing Readiness Questionnaire:

- If someone were to come out to you as LGBTQIA+, what would your first thought be?
- How would you feel if your child came out to you as LGBTQIA+? How would you feel if your mother, father or sibling came out to you as LGBTQIA+?
- Would you go to a physician whom you thought was LGBTQIA+ if they were of a different gender than you? What if they were the same gender as you?
- Have you ever been to an LGBTQIA+ social event, march or worship service? Why or why not?
- Can you think of three historical figures who were lesbian, gay or bisexual?
- Can you think of three historical figures who were transgender?
- Have you ever laughed at or made a joke at the expense of LGBTQIA+ people?
- Have you ever stood up for an LGBTQIA+ person being harassed? Why or why not?
- If you do not identify as LGBTQIA+, how would you feel if people thought you were LGBT

Personal Inventory

- Cycle of Socialization & Institutionalization of -isms
- What are your questions?
  - What are you not sure how to navigate?
  - What makes you hesitate?
  - What scares you?

Module #3 Conclusion

- Staff have different life experiences and belief systems that impact their work.
  - This includes childhood and familial experiences
- Competence can be developed through experience and skill building
- It may be necessary to separate personal beliefs with work behavior expectations

One Final Note…

- You do not have to understand or agree with someone's sexual orientation, gender identity or gender expression to respect and support their right to be and express themselves.

Module #4

Action: Implementation

Why Are We Uncomfortable?

- None of my business
- Don’t know what to do with information when I get it
- Don’t think it is relevant
- Don’t want to think about others having sex

What's Your Name?

- A common start to a relationship
- Introduce yourself and ask the youth what they like to be called
  - This is an individual's preferred name

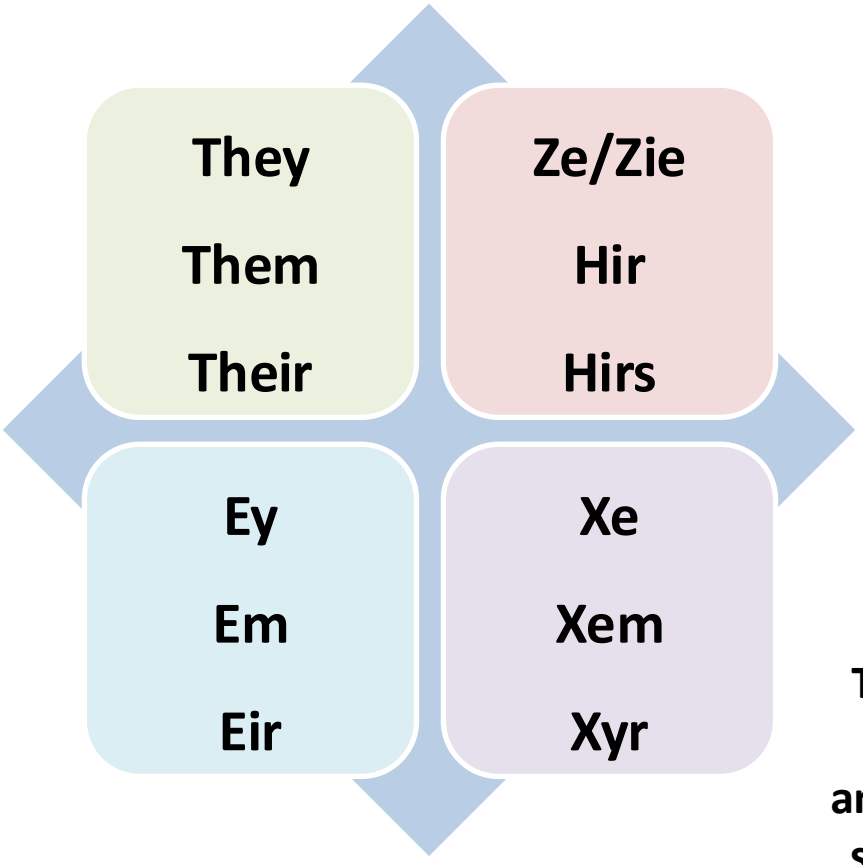


Pronouns

- They/Them/Theirs
  - Merriam-Webster Dictionary (2019): Singular "They": As a pronoun of choice for someone who doesn't identify as either male or female
- Why is it difficult to use?
- What if you make a mistake?

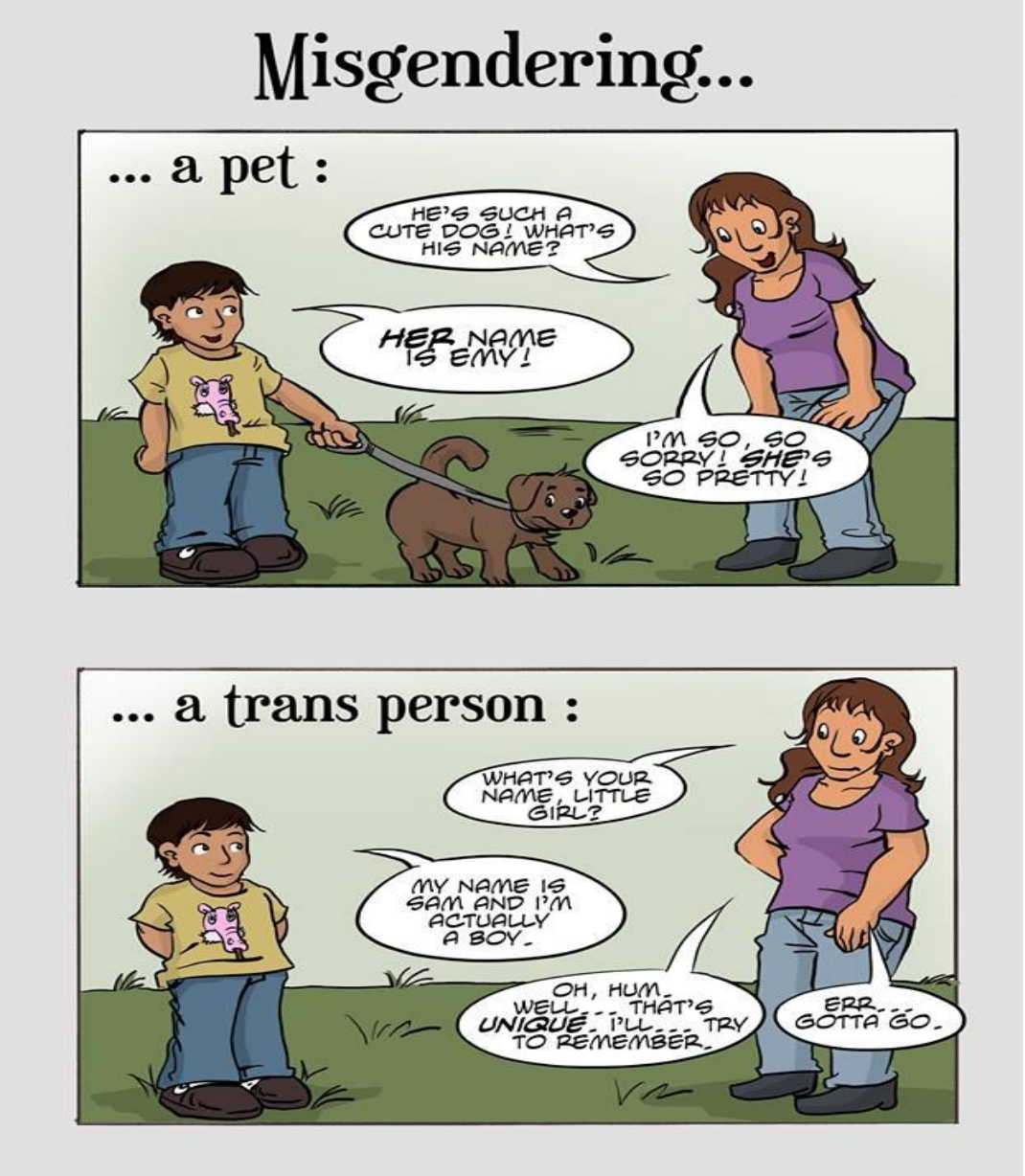
Using Gender Neutral Pronouns

Most people are familiar with using she/her/hers and he/him/his as singular pronouns, but check out these gender neutral options!



They/them/their is one of the most common, and in addition to these, some people prefer not to be referred to by pronouns at all.

Pronouns


Misgendering...
... a pet :
HE'S SUCH A CUTE DOG! WHAT'S HIS NAME?
HER NAME IS EMY!
I'M SO, SO SORRY! SHE'S SO PRETTY!
... a trans person :
WHAT'S YOUR NAME, LITTLE GIRL?
MY NAME IS SAM AND I'M ACTUALLY A BOY.
OH, HUM. WELL... THAT'S UNIQUE. I'LL... TRY TO REMEMBER.
ERR... GOTTA GO.

And remember…

- You do not have to understand or agree with someone's sexual orientation, gender identity or gender expression to respect and support their right to be and express themselves.

Polling Activity

Polling Question #1

True or False:

It is okay to treat persons exactly the same.

A. TRUE
B. FALSE

Polling Question #2

Which of the following is an appropriate perspective to hold professionally?

A. LGBTQIA+ is wrong and we shouldn't be encouraging individuals to engage in these lifestyles
B. I think this is a private matter and we shouldn't be talking about it at all
C. I am uncomfortable with LGBTQIA+ issues because I don't know what to think or do
D. I embrace all kinds of diversity and treat everyone the same
E. None of the above

Polling Question #3
What is an Ally?

A. Someone who is willing to learn more about LGBTQIA+ people and the issues that they face
B. Someone who feels ready to face any discomfort or barriers they may have to "coming out" as an ally
C. Someone who tries to find ways to be supportive, whether public or private
D. Someone who knows that there is no one way to be an ally, and that we all come to the title at a different place
E. All of the above

What Do I Do:
How To Be an Ally in the Workplace

- Accept that people have the right to define their gender identity and sexual orientation.
- Speak out and say you are an ally and why.
- Challenge inappropriate jokes, conversations, and comments through personal interaction
- Hold meaningful discussions to promote understanding of LGBTIA+ people
- Honor preferred names and pronouns
- Honor confidentiality and privacy. Never “out” a coworker.

What Could I Experience?

- Youth who have families that are rejecting
- Family members who are frustrated, angry, confused, concerned
- Students who are being bullied for the sexual orientation and gender identity
- Clients who are experimenting with their sexual orientation
- Consumers who are discovering their gender identity
- You might not even know about their LGBTQIA+ background

What Do I Do?

Practice being an ally to your LGBTQIA+ peers

- Being supportive and asking appropriate questions
- Listening, apologizing, taking accountability, and moving forward
- Staying educated

Seeing your friends and family from an empathetic viewpoint

- Learn about the coming out process
- Showing respect for identities outside of your own

Recognize the importance of tolerance vs. acceptance

- "No one has a mean word to say, but then again, no one has a word to say."

Recognize your own internal bias

- We all have bias
- Self-reflection is a continuous process

SPEAK UP!

- What else?

What Do I NOT Do?

- Say “I always knew,” or downplay the significance of their sharing with you.
- Go tell everyone, bragging about your “new trans friend.”
- Forget that they are still the person you knew, befriended, or loved before.
- Ask probing questions, or cross personal barriers you wouldn’t have crossed earlier.
- Assume you know why they came out to you.

Communication Tips: Check Yourself

- Talking about people who identify as LGBTQIA+ :
  - Not “LGBTQIA+ issues”
  - Not “Lifestyle choices”
  - DO NOT out anyone
- ‘Gay’ as a pejorative term:
  - Do not use ‘gay’ as a descriptor for something negative!
    - “That’s So Gay”
  - Don’t use phrases like ‘no homo!’

Communication Tips: Check Yourself

Respect people's pronouns

Gender neutral language:

- Ask about partners, special people, or significant others - NOT boyfriend, girlfriend, husband, wife
- Don't make assumptions about someone's sexual orientation or gender identity

What Do I Do Discussion:

- How do you create a safe environment for students to talk about themselves?
- What assumptions do we make?
- Consider: Have you asked what kinds of support they have and what additional resources they might need?
- Thoughts: Who might you disclose this information to?
  - How will you tell the student if you have to disclose the information to someone else?
- How might other aspects of a student's identity impact your conversation?

BEST PRACTICES FOR WORKING WITH PERSONS WHO IDENTIFY AS LGBTQIA+



Tips on Working with LGBTQIA+ Individuals: Professional expectations

- Staff should respect the personal and/or religious beliefs of the people they serve. Personal beliefs of the staff cannot impact the delivery of service to meet the individual and family needs.
- Staff Should Not:
  - Coerce or impose their personal, organizational, and/or religious beliefs on individuals and families, including LGBTQ families
  - Force and individual to disclose their sexual orientation or gender identity
  - In any way try to get an individual to change their sexual orientation or gender identity or expression

Communication related to Sexual Orientation, Gender identity and Expression

- Increase awareness of appropriate terminology to use relating to SOGIE as well as terminology that is considered outdated or offensive. The correct terminology should always be utilized.
- Use of inclusive, respectful, and gender neutral language
- Use an individuals preferred name and pronoun
- Clarify with the individual which name they should use when referring to them in conversation with family and other service providers and will comply with that request
- ***the safety of an individual who has not disclosed their gender identity to others could be greatly compromised if this is not followed***

Tips on Expectations for Serving LGBTQIA+ Individuals

- Inclusive and welcoming terminology
- Affirming material and resources
- Educate yourself on LGBTQIA+ topics
- Familiarize yourself with affirming resources and referrals
- Understand that having an LGBTQIA+ identity is not a form of mental illness
- Do not support any type of conversion or reparative therapy
- Understand that LGBTQIA+ individuals are at a greater risk for depression, anxiety, or substance abuse and be prepared to make referrals for appropriate screenings
- When working with transgender individuals, know that integrating mental health and medical care are necessary to support transitioning
- **Confidentiality**

Tips on Understanding Disclosure Related to SOGIE

- A person is the owner of their own SOGIE information
- Get consent before documenting and/or disclosing an individual's SOGIE. Any disclosure must only be made in an effort to improve an individual's outcomes.
- Confidentiality is vital. In situations that require a breach of confidentiality, such as those requiring mandated reporting, limit the disclosure to only necessary information.
- Remember that documentation is only about **necessary** information.

Resilience: How to Connect to Competent Services/Supports

- Marketing materials are inclusive of LGBTQIA+ individuals and families
- Intake forms, etc. are inclusive
- Organization's staff have received training
- Previous positive experiences
- Demonstrate understanding of specific issues you are referring for

Tips on Making LGBTQIA+ Appropriate Referrals

- Ensure that the individuals and agencies to which referrals are being made demonstrate cultural responsiveness and are welcoming of the LGBTQIA+ community

- Do not make referrals to mental health and other service providers who engage in practices to change an individual's SOGIE

Moving Forward: Action Planning

- Identifying our own privilege & blind spots
- Self-educate
- Listening and learning
- Reshaping our language
- Signaling for inclusion
- Centering the voices of those who are marginalized
- Recognizing and interrupting bias and discrimination
- Show appreciation for feedback
- And mostly, cultural humility

Cultural Humility



Summary and Conclusions

- Terminology - Appropriate use of Language
- Difference between SO, GIE, LGBTQIA+
- LGBTQIA+ persons experience health disparities
- Important to identify and talk to client's about SOGIE
- SOGIE impacts care and work with adults, children, youth and families, and requires competent strategies to address
- Other aspects of identity matter and influence experiences related to SOGIE
- We can all improve our competence in addressing SOGIE

Questions, Comments, Dialogue